

DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
PLAN CHECK APPLICATION / FOOD FACILITY
2156 Sierra Way P.O. Box 1489, San Luis Obispo, CA 93406
(805) 781-5544

APPLICATION DATE _____

SCOPE OF WORK (CIRCLE ONE) NEW CONSTRUCTION REMODEL

ESTABLISHMENT NAME (DBA) _____

ESTABLISHMENT'S PRIOR NAME _____

ESTABLISHMENT LOCATION _____

SIZE OF ESTABLISHMENT (excluding dining and office space) _____ SQUARE FEET

NAME OF OWNER(S) _____

MAILING ADDRESS OF OWNER(S) _____

Street

City

Zip

PHONE NUMBER OF OWNER(S) _____

NAME OF CONTACT PERSON OR ARCHITECT/CONTRACTOR _____

MAILING ADDRESS OF ARCHITECT/CONTRACTOR _____

PHONE NUMBER OF ARCHITECT/CONTRACTOR _____

IF OUTSIDE CITY LIMITS:

SOURCE OF WATER: ☐ WELL ☐ WATER COMPANY: NAME _____

WASTE WATER DISPOSAL: ☐ SEPTIC TANK ☐ SEWER SYSTEM

APPROXIMATE COMPLETION DATE _____ (pending approval of plans *)

* **HEALTH DEPARTMENT APPROVAL WILL EXPIRE IN ONE YEAR IF CONSTRUCTION WORK HAS NOT BEGUN BY THAT TIME.**

FOR DEPARTMENT USE ONLY

COMPUTER SERVICE REQUEST# _____

WATER SOURCE X-CONNECTION

DATE PLANS WERE RECEIVED _____ INITIALS _____

DATE PLANS WERE APPROVED _____ INITIALS _____

FEE \$ _____ CHECK# _____ CASH _____ DATE _____